



**APPLICATION FOR THE MISSOURI NURSE
LOAN REPAYMENT PROGRAM**

APPLICANT'S PERSONAL INFORMATION												
LAST NAME			FIRST NAME				MIDDLE INITIAL					
OTHER NAMES USED												
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED					NUMBER AND AGES OF DEPENDENTS: _____							
DATE OF BIRTH			SOCIAL SECURITY NUMBER				HOME TELEPHONE NUMBER					
PRESENT STREET ADDRESS			CITY		STATE		ZIP		PERMANENT ADDRESS	CITY	STATE	ZIP
NAME OF RELATIVE NOT LIVING WITH YOU												
STREET ADDRESS			CITY		STATE		ZIP		TELEPHONE NUMBER			
INFORMATION REGARDING APPLICANT'S EMPLOYMENT												
PRESENT EMPLOYER			EMPLOYER'S STREET ADDRESS				CITY		STATE		ZIP	
DATE EMPLOYED			YOUR TITLE				SUPERVISOR'S NAME					
WORK TELEPHONE AND EXTENSION			Is this facility: <input type="checkbox"/> Public <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit						COUNTY			
Application must include a letter of support from your supervisor, a copy of your official job description, and a description of your place of employment.												
APPLICANT'S NURSING EDUCATION												
A. LAST SCHOOL ATTENDED												
NAME OF SCHOOL								STATE				
STREET				CITY			ZIP CODE					
DEGREE OR DIPLOMA RECEIVED				START & END DATES ATTENDED								
DATE COMPLETING REQUIREMENTS FOR DEGREE OR DIPLOMA												
B. PREVIOUS SCHOOL ATTENDED												
NAME OF SCHOOL								STATE				
STREET				CITY			ZIP CODE					
DEGREE OR DIPLOMA RECEIVED				START & END DATES ATTENDED								
DATE COMPLETING REQUIREMENTS FOR DEGREE OR DIPLOMA												
If necessary attach additional sheets for each nursing school attended for which loan repayment is requested. Write your name and social security number on each sheet.												
APPLICANT'S CURRENT NURSING LICENSES (REGISTRATION)												
LICENSE NUMBER			STATE			STATUS		SPECIALTY				
LICENSE NUMBER			STATE			STATUS		SPECIALTY				
IF NOT YET LICENSED, WHEN WILL LICENSURE EXAMINATION BE TAKEN AND FOR WHAT STATE?												
DATE					STATE							

APPLICATION FOR THE MISSOURI NURSE LOAN REPAYMENT PROGRAM

MUST BE TYPED OR PRINTED

APPLICANT'S FINANCIAL INFORMATION

GROSS MONTHLY INCOME				
OTHER INCOME		SOURCE OF OTHER INCOME		
REAL ESTATE OWNED	STREET ADDRESS	CITY	STATE	ZIP
DATE PURCHASED	ORIGINAL MORTGAGE AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	
RENTING	MONTHLY RENT			

CREDIT CARD/OTHER	PRESENT BALANCE	MONTHLY PAYMENT
1		
2		
3		
4		

VEHICLES OWNED	YEAR	MAKE	MODEL
1			
2			
3			

VEHICLE LOANS	MAKE, MODEL AND YEAR	PRESENT BALANCE	MONTHLY PAYMENT
1			
2			
3			

EDUCATIONAL LOANS	DATE ISSUED	PRESENT BALANCE	MONTHLY PAYMENT
1			
2			
3			
4			

(List all active educational loans. Complete disclosure forms only on those submitted to the Department of Health for loan repayment.)

OTHER DEBTS NOT ELSEWHERE LISTED	PRESENT BALANCE	MONTHLY PAYMENT
#1		
#2		
#3		
#4		

Please attach a separate list of monthly expenses and a description of extenuating circumstances.**CERTIFICATION BY APPLICANT**

I hereby certify the accuracy of this information and apply to enter into an agreement with the Missouri Department of Health for repayment of a portion of the educational loans described in the "Applicant's Permission for Disclosure" form(s) accompanying this request, incurred solely for the costs of my education.

APPLICANT'S SIGNATURE	DATE
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Instructions: Now complete the form "Applicant's Permission for Disclosure" to describe each loan you want repaid and to permit your lenders to disclose to the Missouri Department of Health the terms, purpose and amount of each loan.